



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Pre-Complaint Questionnaire

(For information only: This information does not constitute a basis for filing a formal complaint)

Name _____
Last First MI Other Names Used

Address: _____
Street Social Security

City State Zip Code

Telephone () _____ () _____
Work Home

Present Position: Location:

I prefer to be contacted by telephone [] at work [] at home

Time: _____ Day(s) of the week _____

I wish to file a complaint against

Name/Title _____ Telephone: _____

Address _____
Street City State Zip

1. How do you feel you were discriminated against? (Check Boxes)

- | | | |
|---|---|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> National Origin | <input type="checkbox"/> Marital Status |
| <input type="checkbox"/> Color | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Personal Appearance |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Matriculation | <input type="checkbox"/> Political Affiliation |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Physical Handicap | <input type="checkbox"/> Family Responsibility |
| <input type="checkbox"/> Creed | <input type="checkbox"/> Age | <input type="checkbox"/> Preference |
| <input type="checkbox"/> Source of Income | <input type="checkbox"/> Citizen Status | <input type="checkbox"/> Place of Residence or Business |
| <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Termination | <input type="checkbox"/> Denied Promotion |
| <input type="checkbox"/> Denied Employment | <input type="checkbox"/> Retaliation | <input type="checkbox"/> Differential Treatment |
| <input type="checkbox"/> Marital Status | <input type="checkbox"/> Family Status | <input type="checkbox"/> Gender Identity or Expression |
| <input type="checkbox"/> Genetic Information | <input type="checkbox"/> Disability | <input type="checkbox"/> Other |
| <input type="checkbox"/> Status as a victim of an interfamily offense | | |

2. Date(s) of alleged discrimination against: _____

3. List the reason (s) given by your employer for the action taken against you. What information do you have to indicate that you were treated differently because of discrimination? (Attach additional pages if necessary.)

4. What remedy are you seeking through DCPS? _____

5. Did you file a Union Grievance ☐ Yes ☐ No If yes, what happened?

6. Give the name of your Union:

7. List any “witnesses” who you feel can provide evidence in your support:

8. Have you attempted to resolve your problem by discussing the matter with a representative of management? ☐ Yes ☐ No If yes, list name of the person(s) contacted?

9. Did you file a complaint with the Equal Employment Opportunity Commission (EEOC)?
☐ Yes ☐ No

10. Did you file a complaint with the D. C. Office of Human Rights? ☐ Yes ☐ No

11. Do you have an attorney? ☐ Yes (If so, please give the name.) ☐ No

Signature: _____ Date: _____

For official use only

